

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006480 AT

DOCUMENT # A98000000690

1. Entity Name
HERITAGE III, LTD.



FILED

2003 AUG 19 AM 8:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
13171 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32225

Mailing Address
13171 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3505652

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTER, WILLIAM P JR
13171 ATLANTIC BLVD
SUITE 100
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE 400

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$15,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F97000000517
NAME SKEETIE K., INC.
STREET ADDRESS 13171 ATLANTIC BLVD., #100
CITY-ST-ZIP JACKSONVILLE FL 32225

STREET ADDRESS

SUITE 400

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

600021567966
07/15/03--01052--002 **105.00

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

600021567966
08/19/03--01007--006 **489.75

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

William P. Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/10/03 (904) 221-9600
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE